PTO/SB/06 (08-03)

Approved for use through 7/31/2008, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 1246773 Substitute for Form PTO-875 OTHER THAN **CLAIMS AS FILED - PART I** OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA FEE RATE RATE FOR FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X S = OR X \$ INDEPENDENT CLAIMS X S (37 CFR 1.16(b)) minus 3 = OR X S MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY umn 1) SMALL ENTITY CLAIMS HIGHEST PRESENT RATE ADDI-REMAINING RATE ADDI NUMBER PREVIOUSLY **EXTRA** TIONAL TIONAL **AFTER** AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.10(c)) ENDM OR 07 CFR 1.1800 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE 5-30-06 (Column 1) (Cotumn 2) (Column 3) HIGHEST NUMBER CLAIMS  $\mathbf{\omega}$ PRESENT RATE ADDI RATE ADDI-REMAINING **AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total 07 CFR 1.18(c) Minus 2 OR Minus Independent G7 CFR 1.1863 Ш X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CI AIMS HIGHEST NUMBER PRESENT REMAINING RATE ADDI RATE PREVIOUSLY AFTER **EXTRA** TIONAL TIONAL AMENDMENT FEE FEE PAID FOR Total Minus ENDM (37 CFR 1.10(c) OR Minus Independent (37 CFR 1.16(h)) X \$ OR X 1 PERST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0)) **OR** TOTAL TOTAL ADD'L FEE QR ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This callection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the inclividual case. Any comments on the amount of time you require to complete this form endfor suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

							U.S. Pala	a maj Tran		ed for use thro	DEPAR	PTOX OLIZOUZ ON UTMENT OF	COMPAGE (CI B 062)-0011 B 062)-0011
U. S. Patent and Trademark Offices U.S. DEPARTMENT OF COMMERCE Under the Processor Reduction Act of 1995, no recommend to remaind its confection of information under a valid OMB control number.  PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket Number													
PATENTAPPLICATION FEE DETERMINATION RECORD									0	A1 46	.7.	Tal	
	Column 1) (Column 2)							SMA		NIIIY	OR	OTHER TO SMALL E	
FOR	W. A. B	ALDON MAN	NUMBER FILED			NUMBER EXTRA		RA	TE	FEE		RATE	FEE
	SIC PEE CFR L1460)	1					腰		\$380°	OR		3	
TOT	ALCLADAS CRUMOD		2   misse 20 -			•	×59		900	OR	#\$		
DOD	EPENDENT CLA	Des	S minus 3 -			• 2	- 30	<u>}-</u>	7800	OR	x=		
-	atule depen	DENT CLAI	M PRESI	ENT OF	CP2 1.144	0		+_			OR	+=	
	e difference in colum			er 'V' is existe	. 2			101	TAL	46200	OR	TOTAL	
			LAIMS	AS AME	SMA	LLE	NITIY	OR	OTHER TO				
ENTA		CLAIM REMAIN APTER AMENDM	ING		HIG NU PREV	HEST MBER MOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL PER		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total (7) CF2 1.14(2)	25	<u> </u>	Minus	••	21	- 4	132	7.	36	OR OR	x \$	
E E	independent or cra uses		1 1	Minus	•••	5	.0	<u> -</u> _		0	OR	×=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (FFCR.L.H40)									0	OR	+=	
	(Column 1) (Column 2) (Column 3)									36	OR	TOTAL DOIT. PEE	
AMENDMENT B		CLAIM REMAIN APTER AMENDM	es Inco		HIG NU PREV	CHEST JMBER VIOUSLY ID FOR	PRESENT	ADDIT. I		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total (FCR 1169)	·2	\$7	Minus		7.5	-	1 .3_	_=		OR	×\$	
ME	ladependent (37 CF2 1.14(5))	. 3		Minns	***	5	-	<u> </u>			OR OR	·	
	FIRST PRES	ENTATION	ON OF MULTIPLE DEPENDED			TCLAIM	<u>                                     </u>			OR	+=		
	Colomb D Colomb D Colomb D								TAL		OR,	TOTAL DOIT. PEE	
AMENDMENT C		CLAIM REMAIN APTEI AMENDM	IDNO R		NU PREV	OHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total grane linea	2	$\overline{\mathbf{J}}$	Minus	0	25	•	x 8_			OR OR	x\$	
3	Independent (27CPE 1.16(6))		$\int \int d^3x$	Minus	•••	5		<u> </u>			OR OR	×	
	FORST PRES	╟ <u>┈</u>			OR	<u>.</u>							
* If the entry in column 1 is less than the entry in column 2, write "I" in column 3.  * If the entry in column 1 is less than the entry in column 2, write "I" in column 3.  * If the "Highest Number Presionsly Paid For" IN THIS SPACE is less than 20, enter "20".													

\*\*\* If the "Highest Number Previously Poid For" IN THIS SPACE is less than 1, outer "3".

The "Highest Number Previously Poid For" (Total or Independent) in the highest number found in the appropriate best in column 1.

Distillation: That local is estimated to this 9.2 Soins to increased. His Will very depending upon the third of the individual case.
Any comments on the encount of these you see segrated to complete this form should be set to the Chief Information Officer, U.S. Petent and Tredemark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED POINTS TO THIS ADDRESS. SEND TO: Assistant Communications for Patents, Washington, DC 20231: